

U.S. Department of Justice  
Civil Rights Division  
Coordination and Review Section

2011 FEB 11



## COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (\*) must be provided, whether or not the form is used.

1.\* State your name and address.

Name: [REDACTED]

Address: [REDACTED]

Telephone No: Home: [REDACTED]

Work: ( )

2.\* Person(s) discriminated against, if different from above:

Name: People of color East of Austin City Limits

Address: Travis County, eastern

Zip 78755

Telephone: Home: ( )

Work: ( )

Please explain your relationship to this person(s).

I am a citizen of this community. We are lower socio-economic status than other parts of the County

3.\* Agency and department or program that discriminated:

Name: Travis County Commissioners Court

Any individual if known: Commissioners Eckhardt, Gomez and Judge Discoe

Address: 314 W 11th St #520

Austin, TX

Zip 78701

Telephone No: (512) 854-9555

OMB No. 1190-0008  
Expires: 01/31/2011

4A.\* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

☒ Race/Ethnicity: Latino and African-American  
☒ National origin: Mexico - Spanish-speaking Latin America (?)  
\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_ Religion: \_\_\_\_\_  
\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_ Disability: \_\_\_\_\_

4B.\* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
\_\_\_\_ National origin: \_\_\_\_\_  
\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_ Religion: \_\_\_\_\_  
\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_ Disability: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

Any - Thurs or Friday before 3pm is best

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_  
Telephone No: (\_\_\_\_) \_\_\_\_\_